

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000002083

1. Entity Name
NICHOLSON'S NURSERY, INC.



Principal Place of Business
16726 SPRING VALLEY RD.
DADE CITY, FL 33523

Mailing Address
16726 SPRING VALLEY RD.
DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE



08272004 No Chg-P CR2E034 (10/03)

4. FE Number
59-3065503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, JOSEPH A
16726 SPRING VALLEY RD.
DADE CITY, FL 33523

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
NICHOLSON, JOSEPH A
16726 SPRING VALLEY RD.
DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
NICHOLSON, JOSEPH S
16726 SPRING VALLEY ROAD
DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
GUDE, FANCHONE
16780 SPRING VALLEY ROAD
DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000171241
08/30/04-80010-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A Nicholson 8-27-04 352-567-6352
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #